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MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022315

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 101

FILED JUN 18 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Clayb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN North Kansas CityLength of stay in 1b
60 Daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Memorial HospitalInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jacksonc. CITY OR TOWN IndependenceInside Limits
Yes ☒ No ☐d. STREET ADDRESS (if outside, give location)
633 So. HuttigReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Anna Frances Felden4. DATE OF DEATH
Month Day Year
May 31 19625. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒8. DATE OF BIRTH
10-10-19189. AGE (last birthday)
43IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Bookkeeper10b. KIND OF BUSINESS OR INDUSTRY
Galen Boyer Motor Co.11. BIRTHPLACE (City and state or country)
Orrick, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Claude Heath

13b. MOTHER'S MAIDEN NAME

Dallas Kirkham

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
James L. Waters 1902 E. 28th North Kansas City, Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

metastatic melanocarcinoma, brain, lungINTERVAL BETWEEN
ONSET AND DEATH
7 monthsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.DUE TO (b) melanocarcinoma left eye1 year

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from February, 1961 to May 21, 1962 and last saw her May 31, 1962
Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

B. Comer Bates, M.D.

22b. ADDRESS

2730 South Moll
Kansas City 19, Missouri

22c. DATE SIGNED

6/1/6223a. BURIAL, CREMATION,
REMOVAL (Specify)Burial

23b. DATE

June 2, 1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Geo. C. Carson & Sons Independence, Mo.

25. DATE RECD. BY LOCAL REG.

6-1-62

26. REGISTRAR'S SIGNATURE

Marquette Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 3 1 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Marshall E. Blackwell

Licensed Embalmer No.

4713

P. O. Address

Raytown, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.